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ABSTRACT

In spring and summer of 1991, five focus groups gathered information on the child care choices of welfare mothers and helped organizations participating in the Expanded Child Care Options Demonstration program develop a child care supply that met parents' needs. Three of the focus groups were made up of African-American women, with one of the three groups composed of teen mothers. Hispanic women comprised the two other groups. The 58 focus group participants discussed their current child care arrangements, how the arrangements were selected, degree of satisfaction with care, perceptions of ideal care situations, and advantages and disadvantages of care for children in different age groups. The study revealed that adult women in both ethnic groups preferred day care centers, with only eight relying on relatives or family day care. Teen mothers, on the other hand, relied almost exclusively on relatives. Women in all groups wanted safe, clean environments where their children would receive individual attention from caregivers who understood children and supported their growth and development. However, they felt that they would not be able to afford well-equipped, well- staffed programs, even with government assistance. The only situation in which day care centers were not regarded as the best alternative was care for infants. Study findings underscored the importance of providing parents in Job Opportunities and Basic Skills programs with information about the benefits of various kinds of care settings before asking about their preferences. (AC)

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JUST LIKE ANY PARENT:
The Child Care Choices of Welfare Mothers in New Jersey

Toni Porter
December, 1991

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In any study like this one, which promises confidentiality, the people who contributed the most time and effort cannot be identified by name. The women I talked to willingly and openly shared their concerns, because they thought this study might make a difference. I hope I have honored their faith.

Preface

One rainy night last spring a young mother walked two miles through the streets of Camden, New Jersey to participate in a discussion with ten other women. She hailed a cab, but the driver refused to take her the last few blocks to the building where the meeting was scheduled to take place. She arrived, soaked to the skin with water dripping from her hair onto her shoulders. She apologized to the group for being late and explained that her caseworker had failed to pick her up. And then she started to talk.

This young woman was one of the 58 welfare mothers who volunteered for a series of five focus groups that I conducted in New Jersey during the spring and early summer of 1991. The topic of the discussions was choosing child care.

This issue is important, because parental choice is the keystone of three major new federal child care programs for poor and low-income women. Each of the programs-- Job Opportunities and Basic Skills, Title IV-A at Risk, and the Child Care Development Block Grant-- requires states to provide subsidies for eligible parents to purchase their own care. Now poor parents can use public funds in the form of vouchers or certificates for any kind of child care as long as it meets state regulations. They can use relatives or - babysitters, family day care-- offered by a single provider in her own home, or day care centers.

The policy of providing direct support to poor parents for child care raises questions on several levels. The first is related to the child care market. What kinds of child care will poor parents choose? Will there be an increased demand for family day care or center care that will result in an expansion of organized child care? Will the quality of programs improve as parents have the latitude to use programs of their choice? The second question is related to the impact of poor parents' child care decisions on their children's development. Will poor parents choose arrangements that are "good" for their children? Do they know what constitutes good care in terms of fostering their children's growth? And, finally, there is the question about government's responsibility for ensuring the well-being of children. Should poor parents who use direct subsidies for child care be treated differently than other parents? Should they be entitled to use these funds to choose child care situations that may not be good for their children?

I used focus groups to find some answers to these questions, because I wanted to hear what welfare mothers had to say. Our discussions were lively and sometimes passionate as women spoke about their experiences and their

children. They were envious about good situations and sympathetic about bad ones. They listened to each other, shared advice, and offered suggestions.

In the first group in May, one woman sounded notes that emerged as a theme throughout our discussions. "We're just like any parent," she said. "Working, married, welfare. We want the same thing, we look for the same things as you would. The amount of cost, the distance from the house, and the quality of care. We're just like anyone else. Why do we have to be 'women on welfare'? Why can't we just be women?"

To some extent she was right. The women I talked to share the same concerns about care as other parents. They want their children to be safe; they want loving caregivers; they want their children to grow and learn. Like other parents they weigh cost and location in their decisions about child care.

But her question must remain unanswered until we fulfill our commitment to the promise of welfare reform and to meeting the child care needs of all women.

Introduction

In 1988, the President signed into law the Family Support Act (FSA), the first major federal legislation to address the welfare system in fifty years. FSA represented a significant shift in federal policies for helping poor women achieve self-sufficiency. It included two primary components-- a new system for ensuring that women received the child support to which they were entitled from absent fathers, and an education, training, and employment program, Jobs Opportunities and Basic Skills (JOBS).

JOBS was based on the assumption that women needed both education and training to find a job that would pay a living wage. In addition, it acknowledged that women who had worked intermittently, if at all, needed other kinds of support before they could leave the welfare system. Chief among these supports was child care. The legislation also recognized that many entry level jobs would not pay wages that would cover the cost of care or medical insurance. As a result, it provided work-related child care assistance and Medicaid for a year after women had left the welfare rolls.

The child care provisions of the federal JOBS regulations represented a radical departure from previous federal support for this service. Unlike AFDC which allowed child care as special needs expenses for welfare recipients under Title IV-A, JOBS mandated that the states provide child care for all JOBS participants. The regulations stipulated that parents were to be given their choice of care, and that they were exempt from participation if they could not find it. Any kind of care was permitted: parents could choose relatives, babysitters (who were not licensed, registered, or certified), family day care programs or day care centers.

To help participants make decisions about child care arrangements, states were required to provide information about different kinds of child care and to refer parents to child care programs. States could comply with these provisions in one of two ways. They could use staff in their state JOBS agencies to help parents learn about and find child care or they could contract with independent child care resource and referral (CCR and R) agencies to perform this function. These agencies specialized in child care counseling and had developed data banks of licensed programs. In many states, they were already helping welfare recipients and low-income women find child care as a public service.

JOBS recognized that choice would be meaningless if participants could not obtain access to child care, because they could not afford the fees. As a result, the regulations required that each state conduct a survey of the market rate for a wide variety of child care services ranging from in-home care to full-day programs in day care centers. States were given the option of paying

as much as the 75th percentile of the market rate for fees for licensed care. States could purchase these services through contracts, as they did in the Social Services Block Grant--formerly the Title XX program-- which provided funding for these services among others; they could issue vouchers to recipients to purchase care from programs on their own, or they could provide child care allowances to participants in their welfare checks. The federal funding for JOBS child care was open-end rather than capped: the federal government would match states' expenditures at a 50 per cent rate.

These new child care provisions had the potential to change the dynamics of the child care market. On the demand side, the guarantee of child care of choice combined with the money to pay for it meant that welfare recipients would, like many other families, have access to a wide variety of child care programs. They would be able to purchase care from family day care providers and day care centers whose fees may have exceeded their child care allowances in the past. The JOBS child care assistance extended their reach: they could now use programs that were available at the 75th percentile of the market rate.

On the supply side, the new funding meant an additional source of revenue for child care programs as these new "consumers" entered the child care market. Programs that had been reluctant to accept welfare recipients in the past because their allowance was below the standard fee would be able to welcome these fully paying customers.

The kinds of child care that JOBS participants would use--and consequently, their effect on the child care market-- was virtually a " black box", because there was not a great deal of research on the child care choices or arrangements of welfare recipients. Existing studies indicated that the majority of poor working women used relative care (Kisker et al, 1989; Sonenstein and Wolf, 1991; Current Population Survey, 1987). According to the most recent Current Population Survey (CPS), for example, 60% of women with incomes below the poverty level who were employed used family members for care for children under five. Only 30% used out-of-home care-- family day care, babysitters who took children into their homes, or day care centers (CPS, 1987). Of the women who used out-of-home care, approximately half used family child care or babysitters, while the other half used day care centers.

Why the heavy reliance on relative care? Findings from a few studies that explored the reasons why parents choose specific kinds of arrangements pointed to several factors. Zinsser's study of blue collar families in a Northeastern city, for example, indicated that these families entrusted their children to relatives because they did not want to place them in the hands of strangers (Zinsser, 1991).

This theme-- that relatives could be trusted while family child care providers or day care centers could not--also emerged in a New York City study of poor women whose children were enrolled in half-day early childhood programs for four-year-olds (Porter, 1988). These women, too, preferred to use their relatives or babysitters. They were leery of day care centers or family day care providers because they had read negative stories in the press or had heard distressing tales from their neighbors. (Polit and Kisker also reached this conclusion in the study of teen parents. Polit, Kisker and Cohen, 1988).

The lack of trust appeared to be only one factor in poor women's choice of using relatives. Zinsser's research indicates that many families felt that their relatives could provide good care, which was equal to or better than the kind they would receive in day care centers or family child care. They were reluctant to give their children up to what they perceived as institutional settings that were, by virtue of being regulated, part of " government". The sometimes not so implicit implication was that such programs were for welfare recipients.

Porter and Ward's study of the child care arrangements of 627 welfare recipients who participated in New York State's welfare reform demonstration program, Comprehensive Employment Opportunities Service Centers (CEOSC), pointed to other reasons for the choice of relatives (Porter and Ward, 1991). Like Kisker's study of women in three metropolitan areas, it found that relatives and friends accounted for the most frequent source of referrals about child care. More than half of the women in the New York State study turned to them for help in finding care. Referrals from CEOSC counselors represented another 27% of the total reported, while those from child care resource and referral agencies or the local departments of social services accounted for the remainder.

This finding raised an interesting question. Was the use of relative care somehow related to reliance on friends and relatives for advice about child care? What kind of information did parents have about other types of child care? Focus group discussions with participants seemed to indicate that many of the women in the sample were not familiar with family day care or day care centers. They did not know about licensed family day care; they did not know many people who had used day care centers. It appeared that the preference for relatives, as caregivers that they knew and trusted, was also influenced by a lack of information about licensed services.

Another finding from the same study seemed to point towards the role of information in parents' child care choices. In one of the six study sites, participants used center care for their infants in far greater proportions that those in any of the other sites. Three features distinguished this site from the others: the CEOSC program provided comprehensive information about

different kinds of care to its participants; the training site was located near a large multi-service program that had an infant day care center; and CEOSC made the arrangements for parents to use the day care center. In other words, there was a ready supply of care which was easily accessible; the location was convenient; and parents were informed about it. (It is also possible that the CEOSC program may have strongly encouraged parents to use the center, because these programs were funded on a performance basis).

What kinds of child care would JOBS participants use? Would they rely on relatives, as much of the previous research had indicatedwhen they were given subsidies and information about chidl care options? Or would they use organized child care such as family day care or day care centers? What factors would influence their decisions?

Purpose of The Study

We sought the answers to these questions in a study of participants in New Jersey's JOBS program, REACH. The purpose of the study was two-fold. First, we sought to learn more about the child care choices of JOBS participants--the type of care they prefer, the features they look for, and the role that information plays in their decisions-- to help states implement the child care components of their JOBS programs. We believed that the findings would not only help states improve the supply of care that they offer to JOBS participants, but also help states develop child care information services that would be responsive to their needs.

The study was also intended to help local organizations participating in the Expanded Child Care Options Demonstration (ECCO), a joint effort of the Rockefeller Foundation, Mathematica Policy Research, and the Corporation for the Advancement of Policy Evaluation. ECCO, is a 20-year longitudinal study of the impact of different kinds of child care services on the employment of low-income parents and the development of their children. One experimental group will be offered extended subsidies for child care until the participants' youngest children reach first grade. The other group will be offered enhanced-quality subsidies for care in family day care homes or day care centers. Becuse the ECCO Demonstration was originally to be targeted on New Jersey's REACH participants, we focused this study of child care choices on that group.

Our questions about the types of care that welfare recipients prefer, the characteristics they associate with good care, and the role that information plays in their decisions were important to ECCO for several reasons. ECCO participants would be able to choose their child care freely. As a result, the organizations that offer enhanced- quality care need to know the types of care that participants want to use--and how they define good care-- to develop a child care supply that fits their needs. At the same time, these organizations

needed to understand the kinds of information that JOBS participants currently have about child care as a basis for discussing the enhanced-quality child care they will offer.

The study was also intended to explore several other factors that might influence parents' child care decisions. Previous research on low-and middle-income parents had indicated that location and convenience plays a major role in their choice of care (Kisker et al; Sonenstein and Wolf). Would these variables be important for JOBS participants? What about the availability of spaces in the kinds of programs they wanted? The answers to these questions, too, could help ECCO develop child care that would appeal to participants who are offered enhanced-quality care.

Another question was the cost of care. This issue is not particularly relevant while JOBS participants are enrolled in education or job training or for the first year of their employment, because JOBS pays for their care. Once the JOBS Transitional Child Care funding ends, however, it may emerge as an issue. Would participants be able to afford to continue to use their child care programs when their funding ended?

We sought the answers to these questions in a series of focus groups with participants in New Jersey's REACH program. Focus groups are a useful technique for probing into complex issues that are often difficult to sort out in survey research. This qualitative method would enable us to examine in depth several important questions about how parents make decisions about child care. Parents could tell us why they made particular choices, how they felt about their children's arrangements, the tradeoffs they had made in selecting care, and the constraints they had faced. It would also help us understand JOBS participants' perceptions of "quality" child care, which was a particularly important issue for the organizations participating in ECCO's enhanced-quality program.

The effectiveness of focus groups as an approach for eliciting useful data depends on several factors. First, the participants must share certain characteristics in common (Greenbaum, 1988). Second, the discussion guide should encourage participants to express opinions freely and spontaneously. The guide should consist of a series of non-directive questions about the subject to produce a logical flow of conversation. Finally, the discussion group leader, or moderator, should facilitate the conversation without leading the participants in one direction or another and should support honest and forthright expression of opinion rather than what the leader wants to hear.

Methodology

Our objective was to conduct five focus groups with women who were representative of the ECCO population as a whole. We intended to have a maximum of 15 women in each group. To select the sites we looked at several variables. They included the racial and age distribution of the REACH population relative to the characteristics of ECCO participants.

Because ECCO was likely to serve African-American, Hispanic, and teen mothers in New Jersey, we conducted three focus groups with African-American women and two with Hispanic women. We also planned to conduct one of the focus groups with African-American mothers under 21.

The remaining variable was the selection of the sites for the groups. Because we wanted to explore the relationship between two other factors--the type of information that parents received and the child care supply--on parents' child care choices, we clustered the groups in three sites--Trenton, Paterson, and Camden. We held two groups each in Camden and Paterson, and the final group in Trenton. One Camden group was with African-American women who were over 21; the other was with Hispanic women of the same ages. In Paterson, we conducted one group with African-American teen mothers and the other with Hispanic adult mothers. The Trenton group consisted of African-American women over 21. We conducted the Camden Hispanic group in English; the Paterson Hispanic group was conducted in Spanish.

We used a simple screen for selecting the participants. In addition to racial and age characteristics, there were three other criteria. Participants had to have enrolled in REACH during the past six months. They had to be actively engaged in a REACH activity-- education, job training, or job placement. And finally, they had to have a child under six who was using child care.

In two sites--Camden and Paterson, the child care resource and referral agency that served as the lead child care agency for REACH was responsible for recruiting participants. The County Department of Social Services assumed this role in Trenton. The contact person in each site identified a list of 30 to 40 women who met the criteria for each focus group. She then sent letters in English and Spanish, where appropriate, to all of the women inviting them to participate in the discussion. Each participant was offered a gift of $20 and was assured that participation would be confidential. The letters were followed by two telephone calls. The first call, which was made shortly after the letters were mailed, was intended to confirm participation; the second call, which was made the day before the discussion, was a reminder.

Two of the sites had difficulty reaching and recruiting participants. Camden had some problems reaching both African-American and Hispanic women on a random basis, and, as a result, it may have asked women it knew well to participate. Paterson also had problems with random selection: all the Hispanic participants were enrolled in the same English as a Second Language program offered at the Hispanic Center, and all of the teen mothers were enrolled in the same pre-GED program. This bias in the sample selection may have affected some of our outcomes.

We held the focus groups In May and June, 1991. With the exception of the Paterson group for Hispanic women, which was conducted in the early afternoon, all of the discussions were held in the early evening from 5:30 to 7:00 at a convenient site. The two groups in Camden, for example, were held at the child care resource and referral agency's offices, while the Trenton group was held at the Urban Women's Center. One of the Paterson groups was held at the Passiac 4-C's office; the other at the Hispanic Center, which was several blocks from one of the training sites.

We provided refreshments and child care for participants who could not arrange their own. The focus group discussion guide covered a range of questions, beginning with current child care arrangements and how the arrangement was selected, and then continuing to satisfaction with care, perceptions of ideal situations, and the advantages and disadvantages of care for children in different age groups. The hour-and a- half discussions were audiotaped and then transcribed. Program staff were not permitted in the room during the discussions.

The Participants

Altogether, I talked to 58 women--20 in Camden, 29 in Paterson, and 9 in Trenton. Approximately 56%, or 33, were African-American, and the remaining 44% were Hispanic. Most of the "adult" mothers appeared to range in age from their mid-twenties to their mid-thirties, although there was a grandmother in her forties who had custody of her daughter's son. There were 15 young mothers in the Paterson focus group.

The majority of the "adult" mothers were single parents. Some of them had been divorced, while others had never married. Many of them lived by themselves with their children. By contrast, all of the teen mothers were unmarried. With the exception of two young women, who had their own apartments, they lived with other family members--generally their mothers or their sisters.

On average, the "adult" mothers had 2.3 children. The number and ages of the children in the African-American families differed somewhat from those in the Hispanic families. There were generally two children

under six in the African-American households, while Hispanic mothers tended to have one child under six and one school-age child. Most of the teen mothers had only one child, typically an infant between six and eight months old, although one young mother had three children under three and two others had two children -- both under two-years-old.

While some of the adult mothers had worked at some time, most of them had been on welfare since their first child was born. This pattern was true for both African-American and Hispanic mothers, although there were a few women in each ethnic group who had been in the workforce for short periods when their children were infants. The teen mothers had not worked. All of them were attending a high school equivalency program, because they had dropped out of high school.

Findings

Present Child Care Arrangements

We were surprised by the child care arrangements of the women in our focus groups, because they did not conform to our expectations or to existing research. We had anticipated that a large number of women, especially Hispanic mothers, would use relatives or neighbors for care. This did not hold true for the "adult" women. Across both ethnic groups, there was very little informal care--either with relatives or with neighbors. Rather, most of the women used day care centers. Only a small number of older women -- five all told-- used family day care. Four women them lived in Camden; the other lived in Paterson. No one in Trenton used family child care. Three adult women, all of them from the Spanish speaking focus group in Paterson, used relatives.

By contrast, the teen mothers relied almost exclusively on relatives. They used their mothers or their sisters-in-law to care for their babies. There were four exceptions to this pattern. One young woman used a day care center, while two used family day care providers, and the fourth used a babysitter.

The Role of The Child Care Counselors

What role did the child care resource and referral agencies play in these choices? The information and referral (CCR and R) process was uniform across the sites. Its primary purpose was to help parents make informed choices about the most appropriate care for their children.

The steps in the counseling process appeared to be straightforward and simple, according to the child care counselors whom we interviewed. In all three locations, the DSS case managers were responsible for providing initial

information about the child care component of the program. At the orientation for potential REACH participants, the case managers described REACH child care eligibility requirements and explained that the CCR and Rs would help participants find care. The DSS counselor also obtained some basic information about the the number and ages of their children, which they shared with the CCR and R counselor.

The participants were responsible for contacting the CCR and R staff to make these arrangements. In two sites-- Camden and Trenton, CCR and R counselors were colocated with the DSS case managers, and participants could, if they wished, make an appointment immediately after they had taken their screening tests. The CCR and R counselors in Paterson, however, worked in their own office which was several blocks from the Passiac County REACH intake office.

After the orientation, participants were sent a letter that suggested they call the CCR and R for an appointment for an interview. According to the counselors, the interview was designed to help participants choose the child care arrangement that was best for their children. The counselors would describe different child care options and discuss the advantages and disadvantages of each type of setting. They would also talk to participants about the possibility of using an approved home with a family member or neighbor, and explain the steps that were involved in obtaining approved home status.

When the participants indicated that they wanted a specific type of care, the counselors would give them a list of three possibilities, suggest that they look at each one, and then make their decisions. If none of the places on the list seemed satisfactory, participants were encouraged to call for additional names.

The process that most of the women in our groups experienced did not match this description. Counseling and referrals were done primarily on the phone; personal interviews were the exception. Nor was there any discussion about child care options. Instead, the counselors asked whether the women *had* child care. Only in those circumstances where the women did not already know about a day care center or a family child care provider did the counselors provide any information. In these cases, the counselors offered a list of three programs-- day care centers or family child care providers-- that were closest to home. The teen mothers were the only ones who were told about different child care options. The discussion took place at school, after they had all made their child care arrangements.

: Me, I never even seen the child care people. They sent me a letter...saying do you need a child provider or whatever, and they told me to call the number. Then I called the man. Well, first they asked me do I have

anybody to watch them and I said no, because I don't want to depend on nobody...so I told them I needed child care. So he gave me a list of day cares and a list of afterschool programs for my son and he said go to these places and check them out and see which ones you like better and so I went to the places and I checked them out and I picked the ones I liked best and called them back...

: I was sent a letter saying call (the counselor) to talk about babysitters. (Q: When you called them on the phone, what happened?) She (asked) me if I needed a babysitter or if I had one of my own. I told her I had one of my own. So I just gave her the address ...and they didn't talk about day care, they didn't say nothing...

: She just said who was my babysitter, (I) told her who my mother was, and she told me to give her name and address and that's it. She didn't ask me did I want to go see a day care ... (Another comment: If you've already got your own provider, why should they go through the trouble of trying to find you somebody you know?)

: I called my case manager from REACH, and she told me to call (the counselor)...I didn't know anything about this agency, and there I talked with one of the workers, and she told me basically," Tell me the name of the person you are going to use. "She was on the list but they had already taken her off because there was a problem with another person that she wasn't watching the child...

: They don't refer you to anyone. First they ask. They don't say," Look, these are the programs there are; pick one one of these." No. First they ask if you have someone you know. They give you the option, if you have someone in the family or someone you know and since there have been so many awful things, you know, you hear and they say, before giving you something, they ask if you know someone safe.

: I have a friend. They gave her lists of people, but they didn't give her any institution. They have given lists of names of " family providers" but they are all very far from where she lives. There is a school nearby, but then she would have to take one child there, and take the other (somewhere else).. Right now she hasn't been able to go to school, because ... there was no institution, site, someplace where she could (send her two children).

: Mine is a babysitter.....I know her since last year. And I was telling like are you in the REACH program and she said yes and it's okay.

There were other problems as well. Often, the child care counselor was not clear about the fee that relatives would be paid for care. This created difficult situations for the teen mothers, who choose their family members

because they could not tell their relatives how much they would be paid. Hispanic parents in Paterson complained that there were not enough Spanish speaking counselors, and there were very few interpreters.

Selection of Care

Clearly, the women in our focus groups did not use formal information from professional CCR and R counselors as the basis for making their decisions about child care. How, then did they make their choices? What were they looking for?

Family Members

As I noted earlier, only a small number of the women were using family members for care. Only 14 women currently had their children with relatives. Eleven were teen mothers. The other three were Hispanic women, all of whom participated in the Spanish only focus group.

These women had similar reasons for using family members. The teen mothers wanted their relatives because they wanted to leave their babies with someone they knew. They trusted their family. The Hispanic women felt the same way. They believed that their mothers understood their children better than anyone else would.

: I use my mother because she raised me and I know the way she took care of me.

: I wanted my sister to watch him because she is a relation to me and I wouldn't let nobody that I wouldn't know watch my babies.

: I feel better (about my mother) than anybody else taking care of my daughter. I don't trust nobody with my daughter, because all the stories you hear, you don't want something like that to happen to yours.

: I talked with my mother, " Listen, Mom, I'm thinking of studying and I'm worried about the baby", because my youngest child is one who doesn't eat anything from anyone...and the only one who understands him is his grandmother. Except for the grandmother and I, no one else can do anything with him. And my mother told me, " Since you have this problem, what I can do for you is watch him, because anyway it will be in the family and they are my grandchildren and no one can watch them better than I, because the person who watches them can be a good person, and take good care of them, but there's no one like a grandmother"...Since I started taking classes I don't have a single problem because he's with my mother.

: I wanted to study calmly, without leaving my baby thinking that something was going to happen to him, because he is part-hyper. Not to have problems with anyone... and no other person is going to take care of them for me. I decided to stay with my mother, and I don't have a problem.

Family Day Care

There were even fewer women using family day care than those who used family members. Seven women altogether were currently using this type of care. With the exception of one Hispanic woman in Camden who had a school-age child, they were all mothers of very young children-- infants or toddlers under two. Two were teen mothers; the others were over 21. There was only one African-American in the group.

These mothers had selected family day care because the CCR and R counselor had given them a list of providers after they had told her that they had no one else to rely on. In each case, the women had visited more than one provider before they choose their current arrangement.

What did they want from family day care? Their reasons were similar to those offered by the women who were using their family members. They were looking for a substitute relative--a provider who was responsible, trustworthy, and kind, because their babies couldn't talk. They also wanted a clean environment.

: I wanted somebody who was going to be kind, who was going to be understanding, who wasn't going to beat my children because I don't beat my children...And my children being babies, they can't really come home and tell me, well, she did this or she did that.

: I went all into her life, all into her business, you know. I asked her who lived in her house and who didn't live in her house. I asked her if she did drugs and everything....(Her house) was real clean. She's got this white rug in her house and it don't look like the other houses you go into and they got rugs you see like dirt fluffing out...She keeps that house nice and clean.

: (I choose her) because she is a responsible person, of a mature age, and how she ...deals with children.

: I went to the house to see how they lived, what type of family they were, and if I had an idea of the family. Later I went back to check how they cared for the others they had, and it seemed very good, and up to now I am still happy with her.

Day Care Centers

What about the mothers who were using day care centers? What were they looking for? They wanted a child care arrangement where their children would have opportunities to grow and learn and positive experiences that would prepare them for school. Many of the " adult" mothers chose day care centers because they believed that centers offered these features.

They did not believe that family day care could provide these advantages. In their views, family day care did not provide opportunities for learning because it took place in a home like their own.

: I want them to get into an environment now where they can excel, where they can get the most social skills and all the things it takes to be a functioning human being, to get a better start.

: I wanted to put her in a place where she would be with a lot of children close to her age and she would get used to it so that when she goes to school, she'll fit right in.

: I wanted that (day care) for my son, for him being out in the real world instead of being in a home setting.

: They learn more. It's not just being home, you know. They listen to records, they are singing songs, they are learning their colors.

: When you think about a child being in a home environment, if the child care provider is at home with them, they can put the baby to bed and come back downstairs and turn on the tv--soaps. And they're home, you know what I'm saying?

: Now she's a good provider...But still, you have to emphasize that she is not a state licensed teacher, you know what I'm saying--she's just your certified home provider.

For the mothers in our study, individual attention for their children was very important. They believed that day care centers, with their full complement of teacher and aides, would be able to offer this aspect of care. A family day care provider who was all by herself could not provide this kind of attention.

: If this is inside a home, and this lady has four or five children, plus infants, she cannot sit down and tell you this is A and this is B because she can't give that child, you know, individual guidance.

: There is only one person taking care of a few children. How much personal time can that sitter give each child? There's a limit.

: I have seen homes where they had day care for newborns and I really don't like it...They have like one living room where maybe five children are running around and one person is taking care of these kids.. .They play and everything but they don't give them that attention, it's full attention that they need.

: I checked this lady. And she was nice to me and everything and then all of a sudden ... I saw how many children she takes care of... She takes care of seven kids. I was like, no, I'm sorry, no way.

The mothers also thought that their children would benefit from a situation in which there were a large number of adults. For the women I talked to, this meant that there would be more people to care for their children and to give them opportunities to learn.

: In these day cares, they have teachers aides, and there (are) more people, they (the children) learn more.

: In the day care, you have a group of kids, maybe fifteen, but you also have three individual teachers who have fifteen kids split up. Where you have one teacher who can teach one group and so forth. That way my child can learn and develop and ask questions when she needs to ask questions and get the answers she needs to get.

This emphasis on the importance of a large numbers of adults to children prompted me to raise a question about ratios. Why was a ratio of one adult to five or six children in a day care center different from a ratio of one adult to five or six children in a family day care home?

The answer was related to the concern about individual attention. If the child did not get along with the family day care provider, things would not go well for her. This situation would not necessarily occur in a day care center, because there were other adults with whom the child could have a positive relationship.

Day care centers also meant safety. A large staff implied supervision of the children as well of the environment of the center. This, too, was important for the mothers we talked to because they wanted their children to be in a place where the situation was controlled.

The same could not be said of family day care homes. The mothers in our focus groups were afraid of leaving their children with family day care providers because they were strangers. They were more concerned about what went on in the provider's home--the people who would go in and out -- than they were about the provider herself. The fact that the provider might be certified did not assuage these fears.

: I didn't want to put my daughter in a home because I don't know who enters that house during the day. And at day care, there is supervision, there is a director, there is a lot of people...But in a home, like in my house, nobody knows who comes in and out of my house all hours. I could have a good reputation, a clean home and everything, and the friends that I have could be drug users, alcoholics, child abusers. And nobody knows what hours people come in and out of my house.

: These people...may be certified, but it (family child care) is still inside of their home. If something goes wrong, God forbid. If something goes wrong in their house to someone else, how can you tell?

Satisfaction with Care

Teen Mothers

The only women in our groups who were almost uniformly happy with their child care arrangements were the teen mothers. They believed that their babies were in good hands. Their relatives fed and bathed their children, changed their diapers and read and sang to them. Relative care also was very convenient: for many of the young mothers, it was in the next bedroom.

: My sister watches my son. She feeds him, plays with him and he'll fall right to sleep, and then when I come home, he'll wake up.

: My babysitter is my sister-in-law. She takes care of my son, who is two-years-old and my daughter who is seven months. She takes care of them very well. She's very lovely with kids so I don't have any problem now.

: My son already knows the parts of the body because my sister-in-law teaches him both languages so he knows both. She is teaching him Arabic.

: My sister-in-law takes care of my two-year-old son. She teaches him to draw. She reads to him. She shows him blocks with the toys. She takes him outside to the park to walk around. She does all kinds of stuff with him.

: When I get up to go to school, I get dressed, wash up, then I change him and I fix him a bottle and I take him in with my sister. She tells me to lay him in the bed with her. I get my books and stuff and I leave.

The two teen moms who were using family day care were also happy with their arrangements. They liked the care the provider offered-- the way that she fed and bathed their babies, that she was potty training their toddlers.

They were pleased that the providers read to their children and played with them.

: She is fine. One day, she put(s) them to color. She reads to them, she talks to them. She feeds them a lot. My son gained two pounds already after being with her...

: My provider is all right. She feeds my kids and everything. I don't have no problems with her because my son tells me everything, you know, and if anything happens...she don't hit my kids or anything.

The Hispanic women who were using family day care providers offered slightly different but related explanations for their satisfaction. They, too, liked the homelike aspects of the care, but what was important to them was the family environment.

: I really like the woman who I have because it isn't just her in the house, but the whole family. The grandmother, her daughter, and son, so everyone gives them a little care... She talks alot about the Bible, and plays with toys, she has them paint.

Adult Mothers

Unlike that of the teenagers, there was wide variation with the level of satisfaction among the adult mothers. Some women in every focus group were happy about their day care centers. They were pleased with their situation. They thought that the program and the teachers were good for their children. In short, they believed that their children were getting just what they had hoped they would.

: My daughter (is) well prepared for school. She is only four and she knows how to write already...She knows how to write her name...she knows her ABC's.

: They take their time individually with the children and they help, if they have a problem with the child. When my daughter first went there she didn't want to stay and I felt so bad leaving her there crying but they took the time out with her and by the time I got back she didn't want to go home. She liked it there, you know. I can tell they took their time, they care, and they explained to her that mommy has to go... They handled the situation well.

: She paid attention to my daughter. She let me know when my daughter was very quiet..., she would let me know things that she did (well). ..So I liked that she always wanted to talk to me about her...

: I knew that these people were getting to know (that) my children were individuals because I know things about my children. For (her teacher) to come to me and say this is how your toddler is, that lets me know that you're checking my child out and you're paying her some attention.

Most of the older women, however, were dissatisfied with their day care centers. They did not have trivial concerns. Teacher turnover was high; inadequately trained teachers were hired as replacements. Babies were left in wet diapers all day. Unsupervised children were hurt. Playgrounds were dirty. And, in some cases, they felt that there was discrimination against their children or themselves.

: There's constant turnover in staff. It's like they're here today, tomorrow it's somebody else. They don't teach my daughter nothing, not a thing.

: (my daughter) told me that ...those teachers sit up there and they're talking to someone else when they're supposed to be doing this and doing that, and I said, no,no,no, they're supposed to pay attention to what they're doing with your child.

: When my son was there it was like a lot of old ladies working there and it was like every day I went there was like a different lady and it was like sometimes they would get like a real young girl...she had like an attitude.

: In the playground, there is more dirt, there is no grass or nothing like that. And every day she's got dirt in her hair and I don't think they're clean. She has splinters in her hands.

: I would send my (three-month-old) baby to the day care. The baby got a whole bunch of sicknesses while she was in there. She had a diaper rash that would get a little better on the weekends because I would really be on the child, but when she would go back to that day care, by Wednesday, she couldn't stand to have a Pamper on her...They would only put one Pamper on my child the whole day. And they wouldn't bathe her or nothing. There wasn't that many babies in there. But my baby was the only white baby there. The rest were all black and the teachers were black. (Author's Note: This was an Hispanic mother).

: She got real sick in there, she had lung congestion, an ear infection and a rash and she had a fever of 104 and I took her to the clinic, and they thought it was me...So then the doctors were going to take her away from me and I told them that it wasn't me, it was the day care. They wanted to find out for themselves. She (the doctor) told me that they were going to speak to the lady from the day care. I said no, I'm not taking her back in because if I take her one more time, I might lose her. So I stopped going.

: She was in a day care, she couldn't walk yet, and I would bring her to the lady. The lady would just put her in the crib. I would stay until four o'clock to see which children belonged to the mothers and I told them to watch your child because a couple of my friends had the same problem. I would tell (the teachers) I don't like the way you treat my daughter, the way they try to put the shoes on. She had booties and they just shoved the boot and I said, " Don't you do that to my daughter, because I can't allow you to do that. That's the last time I will come here and bring my daughter here." They kept calling ...I'm not coming back, I'm not taking my daughter, I'm sorry.

: I had an incident where I came to pick them up and there was a note on her coat saying she had gotten bitten on the back by one of the children in there. I literally turned red. So I came the next day and...I wanted to know who the parent was, I wanted the medical records of the child. Because I don't know what that child has. I was raising cain for two weeks. Now I'm sitting in a meeting in there with the head of the school, one of the teachers that was with my daughter and my daughter's teacher. And I said," Where is the parent?" Oh, it's Miss Debbie, my daughter's teacher. Ms. Debbie? You mean to tell me your son bit my daughter and it took you people two weeks to tell me who the parent was? (Question from another mother: How come you didn't pull your child out of there?) I got to go on a waiting list somewhere else.

: They like for the children to be there before nine o'clock...I got there and, I'm not a prejudiced person...I take you for yourself...I got to the school and it was 9:04. I came, got the kids out, closed the door (of the car) and this other father had come out and let the door close...Well, I got my little ones out...and we walked up to the door (of the center) and the teacher looked up at me and said," Oh, you have to take them to the office"...I wasn't going to the office, because I was just coming in. My four children are the only four blacks in this place.

Family day care also came in for its share of criticism. Some of the older women had used this type of care in the past, and they were clear about the reasons they did not want to use it again. They felt that providers did not offer their children enough individual attention, that their children did not learn in a provider's home, that the homes were not designed for children. In family day care, too, there were incidents of mistreatment or neglect.

: The provider was fine, but she was just one person. She has to give her time to four or five different kids and if my child wants to learn how to do this and do that, she can't really depend on the teacher to do that. I mean, how she can do that if she has to take care of the infant that's over there or another child that's over here?

: I went to this lady's house, and she had this here and that there, and my little one came in the house and he saw it and oh, no, no, no. Why would you be a child care provider and leave that there for my child to see? When my child went for it and she said, "no", I had to go. You know I'm not going to work overtime to pay for your porcelain piece that my child... you know what I'm saying? How are you going to keep my children?

: I let my daughter go there (to the provider a day) because the next day I went back and I was going to kill the woman. My children are very vocal. They will tell me right off the bat whether something is wrong. And she slapped my daughter. I told her I would kick her so and so. You don't have to look for my daughter no more.

If they were so dissatisfied with these arrangements, why didn't they turn to relatives? Some women simply had no family in the community or had family members who were unavailable because they were working. Others had relied on family members in the past and didn't like the arrangements. Cousins were unreliable; mothers-in-law were busybodies; mothers were too casual about caring for their grandchildren. And some women felt that their relatives were just in it for the money.

: Relatives are not that dependable. My cousin, she had my two sons. For about three months, it was just my two kids every day at her house. There was no other kids around. She took them out and stuff like that. But then she stopped (because REACH started messing up her checks).

: Right before my son went into the child care... , he was with his grandmother. And it was like, how do you say, everytime I would fight with his dad, his mom would say like she is not going to watch him again... I was glad that he was home with his grandmother so she could pay more attention, because it's like he had one-on-one, not like in a child care where you have all these women around. Like at home I liked it, but .. she was saying to me, well you're fighting with him (her husband) ... that's the problem.

: She's (mother-in-law) always in my business. If she's going to take care of my son, she's going to watch him and I'm going to pay her... It's like she doesn't need to be in my business and telling everybody things that go on.

: They get very comfortable, which means that this is just money, you know what I'm saying? I don't have to teach, we're family, they are going to come here and we're going to watch my children all day.

Constraints

The adult mothers in our discussions were fully aware that the day care centers they were using were not good places for their children. Other mothers who were using family day care were equally worried. These women were frustrated, concerned, and angry, but they had no options. Again and again, they told me they had no other choices. Many of them did not have cars. They had to use buses to go from their neighborhoods to centers or family day care homes that were more than five or six blocks or a ten-minute walk away. They worked odd hours, leaving at six in the morning or returning at eleven at night. There were no spaces in the " good" programs. They had to use the nearest program that would take their child.

: I'm not happy with what I have, but, Lord, it won't be much longer, because she'll be ready for school in September. I complain and they don't have any slots anywhere else.... I wouldn't send my dog there (a center). I don't have a car. I have to be at the hospital like at 6:30. That means I have to leave home at a quarter to six...I needed someone that opened at 5:30 to give me time to get my daughter there and get to where I'm going because I'm using public transportation. But most of the day cares opened at 6:30. And those that opened at 6:30 were too far.

: It was like little old ladies working there and every time I go in there nobody paid attention to kids, they would be running all over. It made me so irate just to leave him there...but I had no other choice. I had to go to work, had things to do, and I couldn't take him where I go.

: I had another provider before I had her. But I took my girl away from her because her daughter pinched my daughter's hand. And I went to look for a day care center, but they said they didn't have any more room for my daughter so I picked her.

: My children being babies, they really can't come home and tell me, well she did this and she did that. So I don't really know what's going on when I leave them. I know, I can only judge her by the way she is, and if it's a good morning, and I leave her and she is happy, then I feel like they'll have a good day.

But there is some mornings when I get there and she is bitchy and she is mad because it's seven o'clock in the morning and she don't feel like dealing with two screaming kids and the baby is crying and maybe she had problems with her family or her husband or whatever. So I don't know how that day is going to be. So I try to call her during the day...(Another mother's comment: I don't think I would leave my little one in someone's home.) But I had no other choice. I had to go to work.

: There was (a day care center) near by... for my son, Jose, but it was already too full.

: They're open early enough when I'm at the hospital; I have to be there by seven. They open at 6:30. That's the only one that's open early enough.

The cost of care was not currently a major problem for the women we talked to, because the REACH child care allowances paid for their care. They were well aware, however, that paying for child care would be difficult when their transitional benefits ran out. They did not know how they would manage when they had to pay for child care on their own.

: (REACH) makes a big difference because the day care where my children go to is $ 68 a week. At first, I thought it was $ 68 a month, and then I said, well, that's great. $ 68 a week; get out of here! That's terrible.

: One thing is for sure, it's fine to be on REACH and have them pay for your child care, but when a year is up, and they want that $ 98 a week or $ 89 a week, you can't (make it).

: I will be on a 2 to 10 shift. I need something until 11 o'clock at night. But it has to be affordable because the majority of the women today are out here by themselves with these babies. And we are only making pennies because the state is going to take a little bit and the government is going to take a little bit and you got to buy food and you got to buy clothing, you got to buy soap powder.

Ideal Child Care

Our discussion groups always ended with a series of questions about ideal child care arrangements. After an hour or so of talk that focused on real child care situations, the opportunity to create the "perfect" arrangements for their babies, toddlers, and preschoolers was refreshing.

Staff Characteristics

The women in our groups were clear about the characteristics that constituted ideal child care. They wanted the same qualities as other parents who are not on welfare. They wanted patient, loving caregivers who understood children. They thought that academic training might prepare teachers to do a better job, but they placed more stock in the caregivers' ability to work with children than specific requirements they should have fulfilled.

: You got to have people who are dedicated. You know you have to have that dedication to be able to do this in the beginning.

: Older persons are more prepared with children.

: They have more experience and patience.

: Academically prepared. They must meet some education standards... the more educated the better they treat your children because they are more aware of children's feelings or behavior and all that.

: Nice, responsible.

: Polite.

: Understanding, understanding your kids.

: I would like my kids to have...when I was in the first grade I had a substitute who was nice. She cared. She said things slowly. She understood, if you didn't understand things she would read like four or five times slowly. She wouldn't get mad. She had a lot of patience.

: For my son, I would like somebody to pay attention to him..because he talks a lot. Especially in English and sometimes he will say something that he 's not supposed to say. I would like someone to correct him. Someone that will take him out for fresh air, to play with him. To teach him about books.

Adult-Child Ratios

Another feature of ideal settings was a large number of adults. There was no consensus about the ratio of adults to children; the size of the group of children did not seem to matter as much as the number of adults. The important factor was that there would be enough adults to supervise the children and give them individual attention.

: (The number of kids per teacher) makes a lot of difference.

: I think (the ratio) should be four to one, because I can't even hack it with both of mine.

: The teacher could just have the attention there for ... four...You have more than seven or eight. You can't control them all.

: And when there's too many kids that's when little kids take advantage and they just go off on their own.

: (A home provider) needs another helper. (Six) is too much for her.

: Make sure there's enough people who work there.

: To take care of all them kids..

Physical Characteristics

The mothers in our groups also wanted settings that were clean and well-equipped. They talked about having enough toys, books, and records. Some women wanted television; others did not. Model playgrounds had grass and swings. Child care would offer trips: one woman wanted a plane to take her children to different cities and countries where they could learn how other people lived.

: Neat, clean.

: ...The stuff over the heaters so they won't get burned and stuff.

: A lot of colors, a lot of shapes, because babies are looking around and stuff.

: Having a crib for the baby. Clean sheets, a clean place...All things for the baby-- talk to them, rock them, have them changed.

: A playpen, a crib, a walker...

: Lots of toys, coloring and everything.

: You would have a play area for him, writing material, coloring books, painting.

: Cubbies, books.

: Where they have books, a space for them to play.

: Sandbox... swings and grass.

: Trips to the zoo.

Ideal Settings

For Infants

What kind of setting would offer this ideal care? Would the setting differ for infants, toddlers, and preschoolers? Women in three of the five groups said that the best arrangement for a baby was at home with her mother. If that were impossible, a family member--preferably a grandmother-

- would be acceptable. Women with grandmotherly characteristics--variously described as older, 40ish, little old ladies, and experienced--who would talk and read to their babies were the next best substitute.

: Stay home with my child...I chose to stay home with my son, which is my first child. And I've been working practically all my life and when I got pregnant I said I'm going to stay home and then I stayed home for at least one year to take care of him. Because I didn't feel like anyone else could take care of my child like I would. Mom and family wasn't around. And I thought about the day care connection, like a lot of people do. They had a baby and then they would go right back to work and let this newborn go out. I didn't feel too comfortable with that. So I chose to stay home. That was my choice.

: I feel as though the mother should stay home.

: I think it is better the mother stay with the infant until they can walk, say something.

: I don't recommend anybody unless you have to put a child in anybody's care other than your own less than two years old. At least the child can speak some and if there is something wrong that child can tell you when they don't feel good, that they're not being treated right, if they're being molested or they are going through any need, not being fed or nothing.

: Older person, motherly type. Nobody that's tired.

: She needs a grandmother to take care of the baby.

: A little old lady, not old but a lady in middle age and everything, and a perfect person... perfect like perfectly neat and everything like that but she can take care of the baby perfect. (Q: How old do you think she should be?) She's like 40-something.

For babies, the women in our focus groups agreed, the setting was less important than the characteristics of the caregiver. Given a choice between family day care or a day care center, they recommended a day care center if it had enough staff in an infant room with a small number of babies.

: Usually I would find a family member. When my daughter was that young, I had a family member. I was working when my daughter was only two months old because I had to. I didn't collect any welfare until my daughter was six months. Because I had to leave the job because my sister moved away and I didn't have a babysitter. And if I had to take her to a day care, find somewhere where they are educationally trained, they are professionals. Otherwise, I couldn't leave her with nobody else, because I don't know what happens.

For Toddlers and Preschoolers

With the exception of some of the teen mothers who thought that relatives would be the best option for any child under six, the women in our groups believed that day care centers represented an ideal setting. In addition to the qualities of the staff and the physical aspects of the space, these perfect places would have separate rooms for toddlers and preschoolers.

: Like different classes. It's like (one classroom) from one- to two- (year-old children), (one classroom for) three- to four- (year-old children), and (one classroom for) five- to six- (year-old children). And there is one teacher per class. And they have helpers.

: They would have different age groups. But they would have three teachers in each room.

The African-American and Hispanic women were in total agreement about the importance of multi-cultural features in their child care arrangements. Both groups wanted an ethnically mixed program because they believed that it would reflect the real world in which their children would have to live. For the African-American women this meant a setting with black and Hispanic children; for the Hispanic women, this meant a bilingual program.

: I think they should learn both (Spanish and English) because it is good ...when one goes to a country it is better to learn (the language) as a child.

The only aspect of ideal care where there was a serious divergence of opinion was the type of meals that should be served. Good food for their children was important to all of the mothers in our groups, but it was a major issue for the Hispanic women in both the bilingual and the Spanish-only group. They wanted Latino meals, because they had problems when their children were served " American" food. Some little ones lost weight; others did not gain as they should have. When the children liked the meals at their programs, they would not eat what their mothers cooked for dinner.

: She is used to the food I cook at home and then, the food they serve there, I haven't even made it in my house and so she really doesn't like it. And a lot of time, she'll drink her milk, she'll drink her juice, but the food she won't touch and that's no good.

: In my case, it's different, it's opposite. He's getting used to that food, and he's quit using my food. So it's a problem.

Other Features of Ideal Settings

Three other features were part of these ideal arrangements. The adult women in our groups wanted twenty-four hour care, that was available seven days a week. They also wanted care for mildly ill children. These suggestions were directly related to their needs. Many women were training for pink collar jobs that did not have traditional nine-to-five hours. The women who planned to work in the health field as practical nurses, lab technicians, or phlebotomists knew that they would have to work the night shift and on weekends. These non-salaried jobs also penalized employees for missing time: the women in our groups knew that they could not afford to stay home when their children were sick. Nor did they have anyone else to care for their kids: as single parents, they would have to balance their children's health against their weekly pay check.

: You have to work a first shift. And you can't work nine to five because you can't pick him up at 5:30. You have to pick him up at five.... And if you're late, you pay five dollars for every 15 minutes after 5:00.

: Or you have to pay someone to pick up your (child)...It was like I was finishing up at 6:00 o'clock. He was at his aunt's house for an hour and I was paying $ 25 a week for her to go to school to pick him up and take him home.

: There might be a job for you, but you cannot do it because you have no babysitter.

: ...Some jobs are mandatory to work on weekends. Especially if you go into the medical field... I'm interested in that, but if you work in a hospital they'll switch you around...There is no way.

: If my little one should become ill...why can't there be a room off to the side? Because I'm going to miss a day's pay any way you look at it. God forbid, I'm out collecting tolls. I can't put (my child) in that toll booth.

These descriptions incorporated the features that many of the women in our groups had not found in their children's programs. They understood the importance of having good child care for their children and for themselves.

: You don't have good child care, you're wasting your time because you worry if you leave your child, if you don't feel confident. I'm going to be working in a hospital and I'm going to be handling people who are sick...You are dealing with certain things that you have to concentrate on...and you

have to pay attention. Now, how could you do something right ...because your mind is over there...Is (my kid) being fed? I hope he doesn't go out the door into the street or he gets hurt, he falls. You know you can't function that way. If you don't have good child care, you ain't doing anything.

The women I talked to did not have much faith that they would ever be able to afford better care for their children. They feared that they would not be able to pay for even the marginal care they currently used when they lost their REACH transitional benefits.

The consequences of losing day care were devastating. These women were ready to leave welfare; they had worked hard to improve their education and their skills to get a good job; they needed child care. If they could not pay for it, all their effort would be for nought, and they would have to return to the system they had come to hate.

: Somewhere down the road, what if I can't... I'm alone, I don't have a husband, the only thing that's coming in is what I earn. What if I'm not earning enough money to cover all these expenses? What am I going to do then? I've sacrificed all this time going to school, you go through all this--take your kid to the day care, and after all that sacrifice and you find a job and you're finally ...living a normal life and you're making it, and then you find out ...the services are going to be cut and you don't have the money to cover these expenses...

: I got married and my husband never let me work. Then I was (on welfare)...I can't be at four walls, I want to be somebody, not to be babysitting out of my house or being babysitting my girls, because I love my girls, but I figure my girls want something so I got to provide it, provide somewhere, not from welfare. Because I don't need to be waiting every month, the first of the month to (get) that check to pay the bills and then when that check is finished, what (else) is it going to buy?

Conclusion

The women in our focus groups were uniformly clear about their child care preferences. There were very few distinctions between the choices of African-American and Hispanic mothers or the teen mothers and their older counterparts. These mothers wanted child care that reflected characteristics that child care professionals associate with quality--with the exception of group size. Across our groups, women wanted safe, clean environments where their children would receive individual attention from caregivers who understood children and who could support their growth and development. For these women, day care centers were the child care of choice. They did

want not family day care, nor would they chose to use if they had other alternatives.

The only situation in which day care centers were not regarded as the best form of care was in care for infants. The women I talked to believed that babies should be at home with their mothers. If their mothers were not available, another family member-- a grandmother or sister or sister-in-law-- was an acceptable substitute. These were the only circumstances in which relatives were preferred over other forms of care. As soon as children could talk, however, the women in our groups wanted them to have what they viewed as the advantages of center care.

Why the overwhelming preference for day care centers? The explanation may lie in perceptions about the differences between centers and home care. The women in our groups regarded centers as formal institutions, where there was a director who supervised the staff and the comings and goings of other people. Care with a provider or relative was more casual; it took place behind a closed door at home or in the house down the street. Centers had cubbies, reading corners, and play areas; family day care and relative care looked like home. Centers offered a regular schedule of activities; with a provider or relative, children might spend the day watching television or playing aimlessly as their caregiver cooked or did the wash. The large number of teachers in centers would be able give their children individual attention; providers or relatives might be preoccupied with their chores or other children.

Two factors may be at work here. One is that the mothers we talked to may place their faith in centers, because they are institutions that embody notions of expertise about child development. This image of authority may make it more difficult for parents to question the quality of care. Family child care does not possess this same aura. It looks like home. It is easier, then, to challenge the kind of care that is provided.

The other factor may be related to images about how and where children learn. The women in our groups believed that the ideal setting for these experiences was a day care center, because it would provide their children with opportunities for cognitive, social, emotional, and physical growth, the very benefits that researchers and advocates cite for good center care. They seemed to have absorbed the highly publicized findings about the benefits of early childhood education that were associated with Head Start and the Perry Pre-School Project; research on child development that might help them understand how children learn had not received the same kind of play. They did not believe that home care could provide similar experiences.

To some degree, this preference for day care centers may be related to lack of knowledge. The women in our groups maintained that the child care

counselors did not tell them about different kinds of settings or explain the advantages of different options. Rather, the counselors provided list of nearby programs for them to visit. As a result, their prejudgements about centers versus home care remained intact. Because the women in our groups believed that more teachers meant more individual attention, for example, they discounted the fact that the ratio of teachers to children was the same, if not better, in family child care as in day care centers. Nor could they see that children fare better in small groups than large ones. By the same token, they believed that learning took place only in formal settings because they did not understand the principles of how children learn.

Our findings seem to underscore the importance of providing parents in programs like REACH with information about the benefits of various child care settings– family day care as well as center care– *before* they are asked about the kinds of child care arrangements they want to use. Such a process would represent at least some fulfillment of the JOBS legislative mandate of parental choice, because it would give parents a broader understanding of the options that may be available.

Based on our findings, parents in REACH may need other information as well. A better understanding of child development and the learning process would enable parents to make more informed judgements about programs that are appropriate for their children.

It can be argued that giving women such information will only lead to unrealistic expectations. There is some truth in this position. Many of the women in our focus groups did not have attractive options. Their choices were limited to programs that are within walking distance or a short trip on public transportation and to those that offer care on traditional schedules. But their options could be expanded with several simple changes. Programs could provide vans for transportation across neighborhoods; they could offer care during the evenings and on the weekends.

There is also the question of availablity of good care. Like other women who are not on welfare, the women in our focus groups used care that seemed to vary widely in quality. According to their evidence, much of it was poor. Like their counterparts, they found day care centers where there was high teacher turnover, where staff may have been inadequately trained, where their children were poorly cared for. The women who had used family day care did not fare much better. They, too, had experienced situations with providers who did not do well by their children.

This finding corroborates conclusions from large-scale studies of parents' child care arrangements such as the National Child Care Staffing Study, Kisker's study of three metropolitan areas, and Shinn's three-city study. Like the results of these studies, it underscores the need to provide

additional support to enhance the quality of care for all children. Opportunities for both pre-service and in-service training should be expanded for family day care providers and center staff. Strategies such as raising salaries should be implemented to reduce staff turnover and improve retention. Funding mechanisms such as low-interest loans or matching grant programs should be developed to help child care programs--both providers and centers-- improve their physical environments.

Finally, there is the issue of cost. Affordability ranked high among the characteristics of ideal care. The women in our groups recognized that good care --with all of its attributes-- would be expensive. They knew that well-equipped programs with well-trained, well-paid staff would have to charge high fees. But they felt that such child care would be beyond their reach, even if government could help them pay.

These findings raise interesting questions about the implementation of the JOBS program. In other states that use different kinds of counseling procedures, do women make different kinds of choices? Is the perception of family day care different in other communities where it is used more often or where there has been a strong emphasis on training providers? Has the demand for care during non-traditional hours stimulated the development of evening and weekend care? Where there is real access to programs, do women choose those that offer higher quality care?

The answers to these questions have broad implications not only for women in JOBS programs but for other working women as well. The ideal of parental choice will only be meaningful if parents are able to make informed decisions about care for their children and can find-- as well as pay for -- the care that they choose.

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New Jersey Child Care Choices
Focus Group Discussion Guide

Self-Introduction

First, tell us something about yourselves.

- Your name (first name only) where you live; how many children you have and their ages; the other members of your household who share responsibility in caregiving; if you go to school, job training, or work, and your hours; and when you started your REACH activity.

Present Child Care Arrangements

What are your present child care arrangements for your children?

- Who cares for your child(ren) when you are at your REACH activity?

- How does your child(ren) get to care? Who takes him/her? Who picks him/her up?

Selection of Child Care Arrangement

Let's talk a little bit about how each of you selected the child care you use.

- How did you find out about it? (Probe: friend, relative, ccrr, REACH case manager)

- What kind of care were you looking for? What features? (Probe: relative care vs. center vs. babysitter vs. family day care)

- What did you hope the care would provide for your child(ren)? For you?

- Did you have any other options? What were they?

- What information did you get about the care you are currently using? About other options? With whom did you talk about what you wanted and what was available? How helpful/accurate were these sources?

- What were the main reasons you selected this type of care? What factors had the greatest influence on your decision? What appealed to you most about it? What else? (Probe for specifics: characteristics of caregivers (training, experience with children, warmth, age); number of children in care; physical features of setting; safety/cleanliness; outdoor play space; toys/equipment; activities/curriculum e.g. child-centered, age appropriate,

play oriented; convenient location, convenient hours; attitude of caregivers towards parents; cost) Please try to be specific.

- What benefits did you feel this care would offer to your child(ren)? To you? (Probe for specifics)

Satisfaction with Present Child Care Arrangements

How do you feel now about this particular arrangement? What do you like best about it? Dislike about it? How well has it lived up to your expectations? Why do you say that?

- How well has it worked out for you? Please explain. Has it provided the convenience, reliability, security that you were looking for? Please explain.

- Does the child care make it easy for you to go to work?

- How well has it worked out for your child? Please explain. What does he/she like best about it? Like least about it?

- What has he/she gotten out of it? (Probe: by age: under two's: happy, healthy, secure, developing, talking, playing; for two and over: happy, healthy, secure, developing, talking, socializing with other children and adults, getting ready for school)

- Have you changed an arrangement because your child doesn't like it?

Ideal Child Care Arrangement

Let's talk a bit about what you would consider the best type of child care. Let's pretend you could have any child care that you want. How would you describe it?

- Thinking about you child(ren), what would be an ideal program? Probe: characteristics of caregivers: training, experience with children, personality, age; number of children in care; physical features of setting: safety/cleanliness; equipment /toys; outdoor play space; activities/curriculum)

- Which of these elements is most important? Why? Which second most important? Why?

- (For each element suggested): Why is it so important?

- Thinking about yourself, what would be an ideal program? Probe: location; hours; attitudes towards parents, cost)

- Which of these elements is most important? Why? Which is second most important? Why?

- (For each element suggested): Why is it so important?

Past Child Care Arrangements

- What kind of child care, if any, have you used in the past? Probe: relative care vs. center care vs. family day care)

- What have you learned about it?

- If you use a different kind of care now, why did you change? For your children? Probe by type of care: "fit" between caregiver and child; changing needs of child. For you? "Fit" between caregiver and parent; reliability/consistency of care; convenience of situation; cost.

Advantages and Disadvantages of Different Kinds of Care

Let's pretend that I'm your best friend. What type of care would you tell me to look for? How would you describe the advantages and disadvantages of the this type of care for my child(ren)? for me?

- Thinking about care with relatives, what are the most important advantages of this kind of arrangement for children?? For babies? toddlers? pre-schoolers? the disadvantages? For parents?

- Thinking about care in centers, what are the most important advantages of this kind of arrangement for children? For babies? For toddlers? pre-schoolers? the disadvantages? For parents? What characteristics would have to change for you to use it for your child?

- Thinking about family day care, what are the most important advantages of this kind of arrangement for children? For babies? toddlers? pre-schoolers? the disadvantages? For parents? What characteristics wold have to change for you to use it for your child?